

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154050		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/11/2011	
NAME OF PROVIDER OR SUPPLIER NORTHEASTERN CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 WESLEY RD AUBURN, IN46706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A0000	<p>This visit was for investigation of one unaccredited psychiatric hospital complaint.</p> <p>Complaint Number: IN00086945</p> <p>Unsubstantiated: Lack of Sufficient Evidence: Deficiencies cited unrelated to the allegations</p> <p>Date: 8/10/11 and 8/11/11</p> <p>Facility Number: 003734</p> <p>Surveyor: Linda Plummer, R.N. Public Health Nurse Surveyor</p> <p>QA: cloughlin 09/13/11</p>			A0000			
A0154	<p>Patient Rights: Restraint or Seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p> <p>Based on patient medical record review</p>			A0154	Hospital is currently looking into other types of training from other		10/31/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>and staff interview, the facility failed to ensure that patients involved in emergency safety interventions are free of mental and physical abuse, in the form of tasers and handcuffs, for 2 of 5 patients (pts. N1 and N3).</p> <p>Findings:</p> <p>1. review of patient medical records during the survey process of 8/10/11 and 8/11/11 indicated:</p> <p>a. pt. N1 had an ESI (emergency safety intervention) with staff documentation as follows: on 5/20/10 at 10:45 AM: "Ct (client) began yelling out in room. Took off clothes to masturbate in front of camera. LPN (licensed practical nurse) notified to prepare prn (as needed medication). Escalation cont. until police arrived. Ct went at officer with chair. P.O. (police officer) tasered ct-handcuffed and subdued..."</p> <p>b. pt. N3 had an ESI with documentation as follows: on 5/9/11 at 5:40 PM: "Police officers on unit, pt handcuffed given IM (intramuscular) injections per Dr. orders. Pt in room with officers talking."</p> <p>c. both pts. N1 and N3 were inpatients at the facility at the time of police intervention and were not in police custody, nor were they taken into custody immediately following the ESIs</p> <p>d. it cannot be determined that facility</p>				<p>area hospitals, but in the interim of change to a new intervention we will have more training related to Physical training for NAPPI – which will include additional 4 hours of hands-on skill training for each direct care clinical staff member annually. Training will include interventions appropriate for agitated, disruptive, destructive, and dangerous patients. The risk management nurse will monitor this through a computer spreadsheet for compliance and notify staff via email for scheduled training and/or compliance needs. Staff will utilize guidelines for contacting police as noted on attached document. Making sure to contact a CIT trained officer first. Follow violence scale as a guide to appropriate placement on the unit. Law officers within area will be afforded the opportunity to train for CIT (crisis intervention training) to better able them to understand the needs of the mentally ill, thus a single goal for this training is "law enforcement to utilize the least restrictive means for the mentally ill". It is a one week training and when law enforcement is needed we will make a call to those who have CIT training first. This training is scheduled and starts 10/10/11 and is a 5 day 40 hour training. Responsible: Risk Management Nurse and Director</p>		

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	<p>staff attempted to restrain pts. N1 and N3, as facility training instructions indicate, prior to calling local law enforcement to help</p> <p>2. at 3:25 PM on 8/10/11, interview with staff member NA indicated:</p> <ul style="list-style-type: none"> a. pts. N1 and N3 were not appropriate for admission to the facility due to their violent nature b. a better assessment of patients prior to admission needs to be performed c. it was thought that if law enforcement utilized tasers and/or handcuffs, this was acceptable d. there has been a problem with local law enforcement reluctance in caring for mentally ill patients at the jail e. local law enforcement refused to participate in the NAPPI (non-abusive psychological and physical interventions) training that facility staff use f. the facility may need to hire security staff to back up nursing staff with restraint/seclusion events g. there may be a better ESI training the facility should utilize (instead of NAPPI) h. facility staff are not utilizing restraint techniques, as trained, prior to calling for police assistance i. facility policies do not address appropriateness in calling for police back up 						

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A0194	<p>Restraint or Seclusion: Staff Training Requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.</p> <p>Based on patient medical record review and staff interview, the facility failed to provide adequate training of staff, in regards to restraint and seclusion of patients, with the continued/frequent request of police assistance for 3 of 5 patients (pts. N1, N2, and N3).</p> <p>Findings:</p> <p>1. review of patient medical records during the survey process of 8/10/11 and 8/11/11 indicated:</p> <p>a. pt. N1 had:</p> <p>A. an ESI (emergency safety intervention) on 5/15/10 at 3:15 PM that reads in the nursing notes: "...drew up [medication] per prn order. Took syringe down to room 109 when staff member yelled 'call 911' ..."</p> <p>B. an ESI on 5/18/10 at 4:30 AM where it was noted in the medical record that: "2 officers arrived et subdued pt. [pt] went to [pt's] room with officers and was medicated..."</p> <p>C. an ESI on 5/20/10 at 10:45 AM where nursing documented: "...Escalation</p>			A0194	<p>Hospital is currently looking into other types of training from other area hospitals, but in the interim of change to a new intervention we will have more training related to Physical training for NAPPI – which will include additional 4 hours of hands-on skill training for each direct care clinicalstaff member annually. Training will include interventions appropriate for agitated, disruptive, destructive, and dangerous patients. The risk management nurse will monitor this through a computer spreadsheet for compliance and notify staff via email for scheduled training and/or compliance needs. Staff will utilize guidelines for contacting police as noted on attached document. Making sure to contact a CIT trained officer first. All staff will be trained and updated on the guidelines via email and all staff meeting. Follow violence scale as a guide to appropriate placement on the unit. Violent scale will be attached to this document. Law officers within area will be afforded the opportunity to train for CIT (crisis intervention</p>		10/31/2011

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	<p>cont. until police arrived. Ct (client) went at officer with chair. P.O. (police officer) tasered ct--handcuffed and subdued..."</p> <p>D. no documentation that facility staff attempted to restrain the patient themselves, utilizing facility trained techniques, prior to calling in local law enforcement for support in the three episodes of 5/15/10, 5/18/10 and 5/20/10</p> <p>b. pt. N2 had:</p> <p>A. an ESI on 5/18/10 at 2005 hours with documentation in the medical record ("Nurses's Progress Notes") by staff that reads: "Deputies (3) at [facility] for assistance with pt...take patient to floor safely et (and) secure [pt] while RN (registered nurse) administers IM (intramuscularly) of Ativan..."</p> <p>B. no documentation that facility staff attempted to restrain the patient themselves, utilizing facility trained techniques, prior to calling in local law enforcement for support during the 5/18/10 episode</p> <p>c. pt. N3 had:</p> <p>A. an ESI at 5:40 PM on 5/9/11 that reads: "Police officers on unit, pt handcuffed given IM injections per Dr. orders..."</p> <p>B. an ESI on 5/9/11 from 6:30 PM to 6:55 PM where the incident report reads: "[city] police x 2" participated in the</p>				<p>training) to better able them to understandthe needs of the mentally ill, thus a single goal for this training is "lawenforcement to utilize the least restrictive means for the mentally ill". It is a one week training and when law enforcement is needed we will make a call to those who have CIT training first.This training is scheduled and starts 10/10/11 and is a 5 day 40 hour training. Responsible: Risk Management Nurse and Director</p>		

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	seclusion episode C. no documentation that facility staff attempted to restrain the patient themselves, utilizing facility trained techniques, prior to calling in local law enforcement for support during the 5/9/11 episodes 2. at 4:05 PM on 8/10/11, interview with staff member NB indicated: a. patients N1, N2 and N3 were inpatients at the time of the ESIs and were not in police custody when handcuffs and tasers were used, nor were they taken into custody at the time of the ESIs or afterward b. besides the annual NAPPI (non-abusive psychological and physical interventions) training, a one hour refresher session was done at a nursing staff meeting in August 4, 2010 c. it is unclear what specific training took place during the 8/4/10 one hour session with staff d. some staff members are afraid of patients who are aggressive and combative--they are afraid they will get hurt, so they are quicker to call local law enforcement as back up, or to assist with subduing patients e. it cannot be determined that staff are appropriately/adequately trained to restrain patients admitted to the unit who may be aggressive						

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	f. better assessment prior to admission should be performed to determine appropriateness of admission in relation to the staff training g. the facility policies and procedures do not address calling local police for assistance						